

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. P-156-US2

First Inventor Edmund J. MORAN

Title ARYL ANILINE B2 ADRENERGIC RECEPTOR AGONISTS

Express Mail Label No. EV 312852176 US

03916 U.S.P.T.O.
10/64316
08/18/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages 135]
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
- Oath or Declaration [Total Sheets 4]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for a continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria VA 22313-1450

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. 3.73(b) Statement Power of (when there is an assignee) Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other: Application Cover Sheet

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: 10/292,835

Prior application information: Examiner Charanjit AULAKH

Art Unit: 1625

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number

27038

| | | | | | |
|---------|---|-----------|----------------|----------|--------------------|
| Name | Roberta P. Saxon, Ph. D. | | | | |
| Address | Theravance, Inc. 901 Gateway Boulevard | | | | |
| City | South San Francisco | State | CA | Zip Code | 94080 |
| Country | USA | Telephone | (650) 808-6000 | | Fax (650) 808-6078 |

| | | | |
|-------------------|-------------------------|-----------------------------------|----------------------|
| Name (Print/Type) | Roberta P. Saxon | Registration No. (Attorney/Agent) | 43,087 |
| Signature | <i>Roberta P. Saxon</i> | | Date August 18, 2003 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750)

| Complete If Known | |
|----------------------|------------------|
| Application Number | Not yet assigned |
| Filing Date | August 18, 2003 |
| First Named Inventor | Edmund J. MORAN |
| Examiner Name | Not yet assigned |
| Art Unit | Not yet assigned |
| Attorney Docket No. | P-156-US2 |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | |
|--|--|--|--|-----------------------------------|---------------------|----------------------------|-----------------|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: | | | | 3. ADDITIONAL FEES | | | | |
| Deposit Account Number 50-0344 Deposit Account Name Theravance, Inc. | | | | Large Entity | Small Entity | | | |
| The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | Fee Code | Fee (\$) | Fee Code | Fee (\$) | |
| | | | | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |
| | | | | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. |
| | | | | 1053 | 130 | 1053 | 130 | Non-English specification |
| | | | | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |
| | | | | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |
| | | | | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |
| | | | | 1251 | 110 | 2251 | 55 | Extension for reply within first month |
| | | | | 1252 | 410 | 2252 | 205 | Extension for reply within second month |
| | | | | 1253 | 930 | 2253 | 465 | Extension for reply within third month |
| | | | | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |
| | | | | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |
| | | | | 1401 | 320 | 2401 | 160 | Notice of Appeal |
| | | | | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |
| | | | | 1403 | 280 | 2403 | 140 | Request for oral hearing |
| | | | | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |
| | | | | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |
| | | | | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |
| | | | | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |
| | | | | 1502 | 470 | 2502 | 235 | Design issue fee |
| | | | | 1503 | 630 | 2503 | 315 | Plant issue fee |
| | | | | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |
| | | | | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17 (q) |
| | | | | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |
| | | | | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |
| | | | | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| | | | | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) |
| | | | | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |
| | | | | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |
| | | | | Other fee (specify) _____ | | | | |
| | | | | *Reduced by Basic Filing Fee Paid | | SUBTOTAL (3) (\$ 0) | | |

**or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY | | | Complete (if applicable) | | |
|-------------------|---|----------------------------------|--------------------------|-----------|-----------------|
| Name (Print/Type) | Roberta P. Saxon | Registration No. Attorney/Agent) | 43,087 | Telephone | (650) 808-6000 |
| Signature |  | | | Date | August 18, 2003 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.